

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO. 532483 APPLICANT(S)	FILING DATE 12-13-99				
							CLAIMS					
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1	1						61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8	1						68					
9							69					
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39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.	7						TOTAL NO.					
TOTAL DEF.	12						TOTAL DEF.					